Agenda item: 13
Report title: Assurance Assessments
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Considered by: Strategy and Policy Board
Action: To consider

Executive summary
The assurance assessments pilot is progressing more slowly than expected in light of a smaller than estimated throughput of cases. A review of the cases has revealed this is as a result of the decision to run the pilot in two phases (phase one for performance cases and phase two to also include clinical misconduct cases) following concerns raised by the MDOs. This paper provides an update on progress to date and planned handling of the pilot going forward.

Recommendation
The Strategy and Policy Board is asked to note the progress of the assurance assessments pilot.
Issue

1 In January 2015 we commenced a pilot of assurance assessments. These are targeted assessments that specifically test the areas of a doctor’s practice that were previously found to be a concern and which we consider will provide additional objective evidence for decision makers, either a case examiner or a fitness to practise panel, when they are reaching a decision on whether it is appropriate to lift restrictions.

Pilot update

2 The pilot went live at the beginning of January 2015 and since then we have been monitoring cases, with a view to inviting doctors to take part in one of these assessments. These will typically be doctors with conditions or undertakings, who have been engaging with the GMC on a regular basis, providing evidence of remediation. However, an assurance assessment may also be suitable for a doctor who has been suspended as a result of a known clinical concern(s), whose suspension is due for review.

3 We intended to pilot the new process on ten cases and we anticipated that it would take between 18–24 months until all of the assessments would be completed and we would be able to analyse the results.

4 To date six cases have been identified as potentially suitable for an assurance assessment since the pilot began in January 2015. Two of these cases have subsequently been approved for inclusion in the pilot. In one of these cases we have invited the doctor to take part and are awaiting a response and in the other case an invite is about to be issued shortly.

5 The remaining four have not been approved for inclusion in the pilot because two have been identified as cases that would fall within phase two of the pilot, in the third case the doctor had undertaken a thorough returners assessment so a further assessment was not necessary and in the fourth case the doctor went on maternity leave.

6 We were aware that throughput of cases to the pilot would be relatively slow. However, the progress to date has been slower than hoped and having reviewed the cases it is clear that the main issue is our decision to run the pilot in two phases (phase one for performance cases and phase two to also include clinical misconduct cases) and this has reduced the pool of cases that may be suitable for the pilot.

7 The introduction of two phases was in response to significant concerns raised by the medical defence organisations in the development phase and their preference that we develop some knowledge and experience of targeted assessments in performance cases before applying them to clinical misconduct cases. As our powers provide that, apart from in undertakings cases, the Registrar only has a power to invite a doctor to
undertake a performance or health assessment rather than direct an assessment, it was particularly important that the defence organisations were fully engaged in the pilot process.

8 We still think it is useful to develop some experience of targeted assessments in performance cases before extending it to clinical misconduct cases. However in light of the low throughput of cases we suggest that we pilot two performance cases and, assuming that it goes well, that we move to phase two and include clinical misconduct cases at that point.

9 We have undertaken a forecast based on past cases. Over the last two years there were six cases that now would be eligible for phase one of the pilot. This suggests that a third performance case should be eligible by the end of this year. Assuming that two of the three doctors accept the invitation to undertake an assessment we will be able to press ahead with phase one of the pilot in 2015 and move to phase two in 2016.